

Reference Material 6  
**Work Experience Checklist**  
**Radiology**

Two years minimum Hospital Work Experience Required

Health Care Provider Name \_\_\_\_\_

License # \_\_\_\_\_ Exp Date \_\_\_\_\_

Modality	Yes/No	Certification	Exp Date	Years of Experience	Type of Equipment	Specialized Skills
Radiology						
Angiography						
Bone Density						
Cath Lab						
CT						
Mammography						
MRI						
Medical Dosimetry						
Nuclear Med						
Quality Management						
Radiologist Assistant						
Radiation Therapy						
Sonography						
Film Processing						
Screen/Film						
PACS						

Population Served (Check all applicable):

- Neonatal
- Infant/Children (1-11)
- Adolescent (12-18)
- Adult
- Geriatric

Employee Name (Signature and Date) \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Representative (Signature and Date) \_\_\_\_\_